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FORM APR 04 2005

Total Number of Pages in this Submission 10

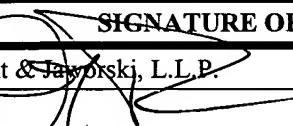
Application Number:	10/696,699
Filing Date:	October 29, 2003
First Named Inventor:	Bob G. Sanders
Art Unit:	1614
Examiner Name:	Unknown
Attorney Docket Number:	CLFR:226US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings(s) _____	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Statement under 37 CFR §3.73(b)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Designation of Patent Practitioners	<input type="checkbox"/> Check in the amount of
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted Deposit account number: <u>50-1212/CLFR:226US</u>
<input checked="" type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Sequence Statement
<input checked="" type="checkbox"/> References <u>C1-C7</u>	<input type="checkbox"/> CD, Number CD(s) _____	<input type="checkbox"/> Paper Copy of Sequence Listing
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Computer Readable Form (CRF)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		<input checked="" type="checkbox"/> Postcard
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> _____
<input type="checkbox"/> Declaration(s) _____		<input type="checkbox"/> _____
<input type="checkbox"/> Copy of Notice of Missing Parts		

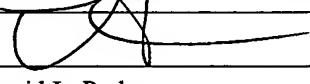
Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fulbright & Jaworski, L.L.P.	Customer Number	32425
Signature			
Printed Name	David L. Parker	Reg. No.	32,165
Date	April 1, 2005		

CERTIFICATE OF TRANSMISSION/MAILING

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